

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008266
STATE FILE NUMBER

FILED MAR 30 1959

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 102

300
1-57

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirksville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K.O.H.		Length of stay in 1b yrs.	d. STREET ADDRESS (If outside, give location) 613-E Missouri
3. NAME OF DECEASED (Type or print) First LOUISA Middle Last MEISTER		4. DATE OF DEATH Month March Day 23 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 29, 1865
9. AGE (In years last birthday) 93		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Housekeeper		10b. KIND OF BUSINESS OR Domestic	11. BIRTHPLACE (City and state or country) Oldenburg, Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Eglehoff	
13b. MOTHER'S MAIDEN NAME Catherine Rotheiser		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. -----	17. INFORMANT Address Dr. E.H. Bestman, Kirksville, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Of Bladder			INTERVAL BETWEEN DEATH AND DEATH 27 mons.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			1810
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) General Debility- &-Inanition			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Sept. 1946 to March 23, 1959 and last saw her alive on March 23, 1959 Death occurred at 10:23 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>E. H. Bestman, M.D.</i> (Degree or title)		22b. ADDRESS Kirksville, Missouri	22c. DATE SIGNED 3-25-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-26-1959	23c. NAME OF CEMETERY OR CREMATORY Highland Park Cemetery	23d. LOCATION (City, town, or county) (State) Kirksville, Missouri
24. FUNERAL DIRECTOR Davis & Davis, Kirksville, Mo		25. DATE RECD. BY LOCAL REG. 3-26-1959	26. REGISTRAR'S SIGNATURE <i>Doris W. Ratliff</i>

All diseases in Part I must be causally related.

ED BESTMAN USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

APR 28 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Robert B. Davis*

4219
Licensed Embalmer No.
P. O. Address... **Kirksville**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.